

# DUSD Wellness Clinic

11480 Brookshire Ave. Suite 301

(located inside the PIH Medical Office Building)

Primary Care Services available for Blue Shield and Kaiser members.

**Monday, Wednesday and Friday**

**7:30 am to 4:30 pm**

**Tuesday and Thursday**

**9 am to 6 pm**

**(closed 12-1PM)**

**Phone: (562) 904-4460**

## For Benefits Assistance:

**DUSD Benefits Desk (562) 469-6624**

**kquick@dusd.net**

**Kaiser DHMO HRA (877) 761-3399**

**kp@healthaccountservices.com**

**Blue Shield PPO (855) 256-9404**

**Blue Shield Teladoc (800) 835-2362**

**Blue Shield Heal On-Demand Visits (844) 644-4325**

**Delta Dental PPO (800) 765-6003**

**MetLife (Safeguard) Dental HMO (800) 880-1800**

**VSP Vision (800) 877-7195**

**Guardian (800) 525-4542**

**(CSEA Unit 1 in lieu of medical)**

**Transamerica (800) 346-1608**

**(CSEA Unit 1 working less than 50%)**

**American Fidelity FSA and Voluntary Benefits (800) 365-9180 ext 0**

**Schools First FCU Retirement Plans (800) 462-8328 ext 4116**



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Employee Benefits designed and developed by



in conjunction with Downey Unified School District.  
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# Employee Benefits Summary

## 2020-2021



**Downey Unified**  
SCHOOL DISTRICT

## Online Benefits Resources

You can access the 2020-21 benefits booklet electronically at:

[www.dusd.net/benefits](http://www.dusd.net/benefits).

Please contact the benefits desk (X6624) if you have questions regarding benefits or you would like to request a printed copy of the booklet.

This is a *LIMITED* summary of benefits offered by the District, and it does not constitute a policy, contract, or guarantee. Evidence of Coverage and Certificate books from the insurance carriers named herein contain the detailed and complete provisions of your employee benefits plans.

## Medical Plan Option 1: Blue Shield PPO

As a Blue Shield PPO member, you can access care with any provider you choose. If you use providers that are in-network, you will benefit from discounted rates. When using PPO providers, you must pay your coinsurance amount or copayment up to the discounted fee. When using out-of-network providers, you are responsible for your coinsurance amount as well as any difference between the billed and allowed charges.

### In Network PPO Summary

<b>Calendar Year Deductible</b>	\$250 Ind / \$750 Fam
<b>Out-of-Pocket Maximum</b>	\$750 Ind / \$2,250 Fam
<b>Office Visit (PCP/Specialist)</b>	10% after deductible
<b>Emergency Room</b>	\$100 + 10% after deductible
<b>Member Coinsurance</b>	10%
<b>Inpatient Hospital</b>	10% after deductible
<b>Pharmacy Prescription Drugs</b>	
<b>Generic Formulary</b>	\$5 copay
<b>Brand Formulary</b>	\$25 copay
<b>Non-Formulary</b>	\$45 copay
<b>Specialty</b>	30% up to \$150

### Rx `n Go — Free Mail Order

You have the option to receive up to a 90-day supply of **generic** prescription maintenance medications, by mail at **no cost to you**, through Rx `n Go. Over 1,200 generic medications to treat on-going medical conditions are available. Complete your Pharmacy Profile form to get started. Visit [www.rxngo.com](http://www.rxngo.com). Program available to PPO members.

### Blue Shield Teladoc — Virtual Healthcare

**Access a doctor 24/7** on your computer or mobile device. Doctors can help with many different health issues, such as: colds, flu, sore throat, fever, allergies, and much more. Doctors can also provide prescriptions, if needed. **\$10 copay** per consult, deductible waived. Visit [Teladoc.com/bsc](http://Teladoc.com/bsc).

## Medical Plan Option 2: Kaiser DHMO with HRA

As a Kaiser DHMO member, you get a Health Reimbursement Arrangement (HRA) from DUSD. You use the money in your HRA for your deductible and any health plan covered services you have throughout the year. Rx copays are not reimbursable and are not covered under the HRA. Please review pages 7-8 of the benefits booklet to learn more about your HRA.

### Deductible HMO with HRA Summary

<b>Plan Deductible</b>	\$0 Ind / \$0 Fam <u>after</u> HRA reimbursement
<b>Plan Out-of-Pocket Max</b>	\$2,000/\$4,000
<b>Medical Member Out-of-Pocket Max</b>	\$500 Ind / \$1,000 Fam <u>after</u> HRA reimbursement
<b>Office Visit (PCP/Specialist)</b>	\$20 copay after deductible
<b>Emergency Room</b>	20% after deductible
<b>Inpatient Hospital</b>	20% after deductible

### Pharmacy Prescription Drugs

<b>Generic Formulary</b>	\$10 copay (ded. doesn't apply)
<b>Brand Formulary</b>	\$30 copay (ded. doesn't apply)
<b>Specialty</b>	20% up to \$200 (ded. doesn't apply)

## Dental Plan Option 1: MetLife DHMO

**Calendar Year Deductible:** none

**Annual Benefit Maximum:** Not applicable

Service	In Network
<b>Preventive / Diagnostic</b>	Copays vary by service; see contract for fee schedule
<b>Basic</b>	Copays vary by service; see contract for fee schedule
<b>Major</b>	Copays vary by service; see contract for fee schedule
<b>Orthodontia (Adult &amp; Children)</b>	Copays vary by service; see contract for fee schedule \$1,350 lifetime max

## Dental Plan Option 2: Delta PPO

**Calendar Year Deductible:** \$0 Individual / \$0 Family

**Annual Benefit Maximum:** \$2,000 per person

**Reminder:** It is to your advantage to let your dentist and Delta Dental know if you have dental coverage in addition to this Delta Dental plan. Most dental carriers cooperate with one another to coordinate payments and still allow you to make use of both plans - sometimes paying 100% of your dental bill. For example, you might have some fillings that cost \$100. If the primary carrier usually pays 80% for these services, it would pay \$80. The secondary carrier might usually pay 50% for this service. In this case, however, the secondary plan's payment is limited to the amount of your out-of-pocket cost under the primary plan, the secondary carrier pays the remaining \$20 only. Since this method pays 100% of the bill, you have no out-of-pocket expense.

Service	In Network	Out of Network
<b>Preventive / Diagnostic</b>	100%	100%
<b>Basic</b>	100%	100%
<b>Major</b>	50%	50%
<b>Orthodontia</b>	50% up to \$1,000 lifetime max (children only)	

## Vision Plan Option: VSP Choice

### Frequency of Benefits

<b>Comprehensive Exam</b>	Once every 12 months
<b>Eyeglass Lenses</b>	Once every 12 months
<b>Frames</b>	Once every 24 months
<b>Contact Lenses</b>	Once every 12 months

### In Network Summary

<b>Exam / Materials Copay</b>	\$0
<b>Frames</b>	\$120 allowance +20% discount
<b>Contact Lenses</b>	\$120 allowance

## Flexible Spending Account (FSA)

You must re-enroll in this program each year. American Fidelity administers this program.

<b>Healthcare FSA</b>	2020 contribution limit \$2,750
<b>Dependent Care FSA</b>	2020 contribution limit \$5,000